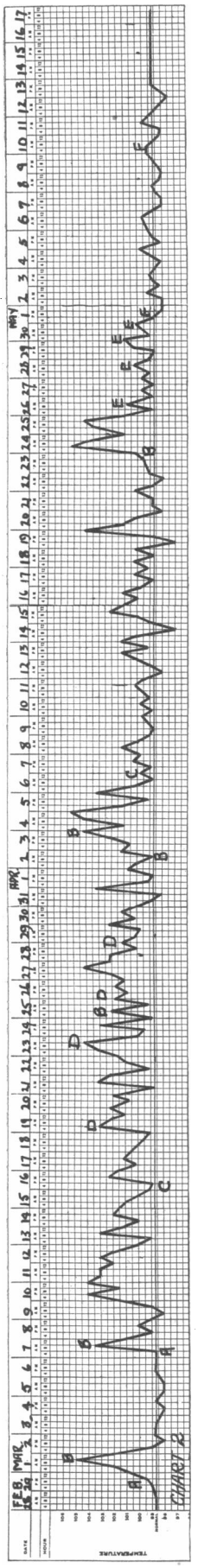

Chart 2.—A, stricture dilated; B, chill; C, blood culture positive; D, intravenous mercurochrome; E, intravenous sodium ricinoleate; F, negative blood culture.

posteriorly. Heart was negative. On abdominal palpation there was no rigidity. Liver and spleen were not palpable. The bladder rose to about three fingerbreadths above the symphysis pubis. Rectal examination revealed a tight sphincter; prostate was normal in size, well outlined and tender, prostatic massage yielded about 40 per cent pus. Extremities negative and reflexes sluggish but present. On an attempt to pass a catheter a stricture was met distal to the bulbous urethra. A filiform was passed to the bladder, and the stricture was dilated to number 24 F. Moderate bleeding followed. A No. 16 soft-rubber catheter was inserted for continuous drainage and irrigation, as the urine was turbid and of a strong odor.

Laboratory Findings.—Hemoglobin 95 per cent; white blood cells, 13,700; polymorphonuclears, 67 per cent; small lymphocytes, 31 per cent; large lymphocytes, 2 per cent. Blood chemistry: Blood urea, 14 milligram per cent. Urinalysis: Specific gravity, 1013; reaction alkaline; albumen, +++; sugar-negative; pus cells +++; bacteria, +++. No culture made. Wassermann was negative.

Course in Hospital.—Four hours following the dilatation of the stricture, the patient had a chill and the temperature rose to 104 degrees Fahrenheit, subsiding the following day to normal. Six days later the stricture was again dilated, the resultant chill lasting twenty minutes, the temperature rising to 103.4 degrees Fahrenheit and remaining elevated for the following fifty-five days, ranging from 99 to 104 degrees Fahrenheit. The usual supportive treatment of intravenous glucose and subcutaneous saline was instituted. Blood for culture taken on March 16 was positive for *Bacillus proteus.* Fifteen cubic centimeters of one per cent mercurochrome was administered intravenously on March 19, 23, 26, and 29, without an appreciable alteration in the septic swing of the temperature. On April 7 the blood culture was still positive for *Bacillus proteus,* and the hemoglobin, which on entry was 95 per cent, dropped to 52 per cent. The patient at this time appeared very toxic, weak and failing. By April 21 the hemoglobin was 29 per cent, but the patient was still coöperating in taking fluids and nourishment. On April 26, 200 cubic centimeters of 0.1 per cent sodium ricinoleate was administered intravenously, and within twelve hours the patient remarked that he felt better. For four consecutive days the same amount of 200 cubic centimeters of 0.1 per cent sodium ricinoleate was again administered and from then on the patient exhibited a remarkable recovery.

A blood culture taken April 30, four days after the first intravenous injection of the sodium ricinoleate, was negative and the temperature remained practically normal except for slight rises, which could be attribute to the infected bladder. The patient's hemoglobin rose to 40 per cent on May 11, and to 50 per cent on May 23. The patient has been ambulatory since May 10. He was discharged, to continue the treatment for dilation of the urethral stricture.

SUMMARY

1. Two cases of *Bacillus proteus* septicemia are reported, one ending fatally.

2. The rarity of this type of septicemia is stressed; chronic debilitating infections and decreased resistance are evident predisposing causes.

3. One case has apparently recovered following the intravenous use of sodium ricinoleate.

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DRESSINGS OF INGUINAL OPERATIVE WOUNDS IN INFANTS

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DRESSING of the operative wound following the repair of an inguinal hernia in an infant is always a problem. It is practically impossible to maintain a gauze dressing in place without it becoming contaminated.

The following dressing is, I believe, superior to most dressings. The edges of the skin wound are approximated by small Michel clips which are first dipped in compound tincture of benzoin. The clips are placed with just enough pressure to approximate the skin edges. The wound and clips are now coated with a thick, gummy layer of compound tincture of benzoin. This gummy consistency is obtained by allowing the compound tincture to evaporate in an open container until a molasses consistency is reached.

The nurses are instructed to paint over this layer of compound tincture of benzoin with the ordinary compound tincture of benzoin daily. On the fifth or sixth day the dressing is loosened with alcohol, and the clips are removed. It is usual to find a well-healed, firm scar, without any evidence of infection.

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